

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyist | (s) <u>James P. Monahan ; Kathryn M. I</u> | Iorgan |
|--|---|--|
| II. Name of lobbyist | 's partnership, firm or corporation, if a | ny: |
| The Dupont Group (Name of partnership, firm | or corporation) | |
| | 2 401 Concord, NH 03301 (Town/City) (State) (Zip Code) | |
| (603)228-3322 (Telephone) | (603) 228-0713 (Fax) | e-mail <u>jmonahan@dupontgroup.com</u> |
| | overs: (Choose one – file separate repor s which are not attributable to any one c | ts for each client, OR you may file a separate report for reportable lient). |
| All reportable t | ransactions occurring in the month prior to | the reporting date relative to the following client: |
| New England Power | Generators Association | |
| <u>OR</u> | (Full Name of Client as it appo | ears on the Lobbyist Registration Form) |
| All reportable trait to any particular clier | • • • | obyist's family), or the lobbying firm listed below which are unrelated |
| IV. Date of Report Reports cover | April 26, 2017 activity from date of registration to 3/31 | July 26, 2017 X /17 |
| | October 25, 2017 activity from 7/1/17 to 9/30/17 | January 31, 2018 |
| | no fees received and no reportable trans complete just this form and submit it to th | sactions made since the last report. Secretary of State's Office, State House, Room 204, Concord, NH |
| | nal reports are attached: ved fees or made expenditures, you must fi | le Addendum A– Fees and Expenses |
| If you have paid a | an honorarium or reimbursed expenses, you | u must file Addendum B- Report of Honorariums or Expense |
| ☐ If you, your firm, | or your family has made political contribu | ations, you must file Addendum C- Political Contributions. |
| I have read RSA 15, best of my knowledg | - | or affirm that the foregoing information is true and complete to the |
| in the | | |
| (Signature of lobbyist) | | 7/26/2017 (Date) |
| James P. Monahan (Print Name of lobbyist) | | |



STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6

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NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyist(s) | | | | | |
|---|---|--|--|--|--|
| James P. Monahan; Kathryn M. Horgan | | | | | |
| II. Name of lobbyist's partnership, firm or corporation, if any: | | | | | |
| The Dupont Group | | | | | |
| (Name of partnership, firm or corporation) | | | | | |
| III. Name of Client New England Power Generators Association | <u>Date 7/26/2017</u> | | | | |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above the including fees for services such as public advocacy, government relations, or public legislation, and related legal work. The gross fee amount reported shall not be received. | ublic relations services including research, monitoring | | | | |
| a) Total of all fees received in this reporting period | a) \$22,500 | | | | |
| b) Total of all fees received this calendar year, prior to this reporting period | b)\$22,500 | | | | |
| (This should equal the total of all prior monthly reports for this calendar year) | | | | | |
| c) Total of all fees received to date (Add lines a and b) | c) \$45,000 | | | | |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$0 | | | | |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expenditures are to be filed for the lobbyist(s)/firmulated to any one client a separate report may be filed for the lobbyist(s)/firmulated to any one client a separate report may be filed for the lobbyist(s)/firmulated categories of expenses: (a) the aggregate total of all expenses paid during the resord office expenses; (b) the aggregate total of all individual expenses where the expenses during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person being itemized statement of each individual expenditure made during this reporting provered by (a) (for example: purchase of a meal with value of greater than \$25, subject of lobbying with a value greater than \$25, but not greater than \$50, rest for honorariums, expense reimbursement, or political contributions will be reported by Addendum A. | ditures are made by the lobbyist(s)/firm that are m. Expenses are to be reported in one of three eporting period for salaries, benefits, support staff, and benefiture was of \$25.00 or less (for example: meals of a pen with a value of less than \$10 that is given to ling lobbied with a value of \$25.00 or less); and (c) an eriod of greater than \$25.00 for any purpose not purchase of a ceremonial object to be given to the laurant expenses for a legislative reception). Expenses | | | | |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$ | | | | |

| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ |
|--|--|
| c) Total of all itemized expenditures reported in detail in section VI. | c) \$ |
| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ |
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ |
| f) Total of all expenses year to date | f) \$ |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lowhom paid or to whom charged. | obbying fees during this reporting period, including b |
| Paid to: Amount: | ø |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the best of my knowledge and belief. | |
| J. The | |
| 7/26/2 | 017 |
| (Signature of lobbyist) (Date) | |
| James P. Monahan (Print Name of lobbyist) | |

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

AUG 0 1 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn Statement/Affirms Statement of Income and | | | | | | |
|---|-----------------------|--------------------|--------------------|--|--|--|
| Name of Lobbying partnership, firm, or corporation: The Dupont Group | | | | | | |
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular | | | | | | |
| client): New England Po | wer Generators Associ | ation | | | | |
| Date of Report (check one | y: | | | | | |
| April 26, 2017 🗆 | July 26, 2017 X | October 25, 2017 🗌 | January 31, 2018 □ | | | |
| I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): | | | | | | |
| i_Addendum A(s). | | | | | | |
| 0 Addendum B(s). | | | | | | |
| 0Addendum C(s). | | | | | | |
| I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. | | | | | | |
| Kathyre Hago | | | | | | |
| (Signature of lobbyist) | | 4/26/20 (Date) | 017 | | | |
| Kathryn M. Horgan (Print Name of lobbyist) | | | | | | |